

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S) 09/19/956

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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T. TAL IND.						
T. TAL DEP.			21	46	50	
T. TAL CLAIMS			48	50		

•	IND.	DEP.	IND.	DEP.	IND.	DEP.
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